Presented By: Christopher Vincent RN, MCPM1

Department of Health and Hospitals

Health Standards Section

Objective:

 At the end of this session the audience will be able to voice an understanding of the revised ARCP minimum licensing standards.

Proposed revisions to the regulations were published in the Louisiana Register on:

- March 20, 2014
- November 20, 2014
- March 30, 2015 (potpourri)

- Subchapter A. General Provisions
- Subchapter B. Administration and Organization
- Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements
- Subchapter D. Adult Residential Care Provider Services
- Subchapter E. Resident Protection
- Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports
- Subchapter G. Emergency Preparedness
- Subchapter H. Physical Environment

Subchapter A. – General Provisions

§6801. Introduction

- H. All current ARCs shall be required to apply for an ARCP license at the time of renewal of their current license.
- H.1. Upon approval of the application for renewal of license, an existing ARC provider shall receive a new ARCP license with its level of service pursuant to R.S. 40:2166.5.

Subchapter A. — General Provisions

§6801. Introduction

- H.2. An existing ARC shall be required to submit to the department a written attestation which certifies that the ARC is, and/or shall be in compliance with these provisions by August 15, 2015;
- H.3. If an existing ARC provider elects to begin providing medication administration after August 15, 2015, the ARC provider shall be required to submit to the department a written attestation which certifies that the licensing requirements for this service are met.

Subchapter A. — General Provisions

§6803. Definitions

<u>Level 1 ARCP</u>- 2 to 8 residents living in a setting designed similarly to single-family dwelling.

Level 2 ARCP- 9 to 16 residents living in congregate setting, no independent apartments or kitchenettes.

<u>Level 3 ARCP- 17 or more</u> residents living in independent apartments equipped with kitchenettes.

<u>Level 4 ARCP- 17 or more</u> residents living in independent apartments equipped with kitchenettes.

Subchapter A. – General Provisions

§6803. Definitions

<u>Chemical Restraint</u>—a psychopharmacologic drug that is used for discipline or convenience and not required to directly treat medical symptoms or medical diagnoses.

<u>Physical Restraint</u>—any manual method, physical or mechanical device, material, or equipment attached to or adjacent to a resident's body that the individual cannot easily remove which restricts freedom of movement or normal access to the body and is not used as an assistive device.

Subchapter A. – General Provisions §6803. Definitions

Specialized Dementia Care Program—as defined in R.S. 40:1300.123, a special program or unit for residents with a diagnosis of probable Alzheimer's disease or a related disorder so as to address the safety needs of such residents, and that advertises, markets, or otherwise promotes the ARCP as providing specialized Alzheimer's/dementia care services.

Subchapter A. – General Provisions

- §6815.A. License Renewal Application
- 6. Proof of financial viability to include:
- a. Verification and maintenance of a letter of credit issued from a federally insured, licensed lending institution in the amount of at least \$100,000 or the cost of three months operation, whichever is less; or
- b. Affidavit of verification of sufficient assets equal to \$100,000 or the cost of three months of operation, whichever is less.

Subchapter B. - Administration and Organization §6829. Policy and Procedures

- A. The ARCP shall have written policies and procedures approved by the governing body that, at a minimum, address the following:
- 7. Emergency preparedness plans for evacuation and sheltering in place
- 11. Medication management
- 12. Nursing services
- 13. Smoking
- 14. Pet policy
- 15. Resident responsibilities
- 17. Infection control

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

6833.A. Information to prospective residents

Shall include:

- 1. The application process and reasons for rejection;
- 2. Types of residents suitable to the ARCP;
- 3. Services offered and allowed in the ARCP;
- 4. Resident's responsibilities;
- 5. Smoking policy;
- 6. Pet policy;
- 7. Fee structure and develop formula for additional charges due to disasters;
- 8. Criteria for termination of residency agreement.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

- 6833.B.1. Pre-residency screening shall include:
- a. The resident's physical and mental status;
- b. The resident's need for personal assistance;
- c. The resident's need for assistance with ADL's and IADL's;
- d. The resident's ability to evacuate in the even of an emergency.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.C. Prohibited Health Conditions

- 1. Stage 3 & 4 pressure ulcers
- 2. Nasogastric tubes
- 3. Ventilator dependency
- 4. Dependence on BPAP or CPAP without ability to self-administer or 3^{rd} party at all times to administer
- 5. Coma
- 6. Continuous IV/TPN therapy
- 7. Wound vac therapy
- 8. Communicable TB
- 9. Conditions requiring chemical/physical restraints

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.D. Prohibited Health Conditions

Resident with prohibited condition may remain on time limited basis, 90 days.

- 1. Resident, the resident representative, physician and facility agree continued residency is appropriate.
- 2. The resident's physician has certified the condition is time limited and not permanent.
- 3. The ARCP coordinates with 3rd party providers to meet time limited needs.
- 4. In accordance with the terms of the residency agreement, the resident or representative contracts with 3rd party provider, if applicable, to meet increased needs. Level 4 may deliver or contract for the additional services limited to 90 days.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.F. Prohibited Health Conditions

- Residents who are receiving hospice services may continue to reside in all levels of the ARCP.
- The resident's physician, the facility, the resident and/or resident representative must agree that the resident's needs can be met.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.G.1-4 Residency Agreement

- 1. The residency agreement shall specify:
- a. Criteria for residency and termination of agreements;
- b. Basic services provided;
- c. Optional services provided;
- d. Payment provisions for services;
- e. Procedure for modification of agreement, including 30 day; prior written notice for any rate change;
- f. Requirements for voluntary termination of the agreement;
- g. Refund policy;

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.G.1-4 Residency Agreement cont...

- h. The delineation of responsibility between ARCP, resident, family, representative;
- i. Resident Rights;
- j. Grievance Procedures.
- 2. Residency agreement may be reviewed by resident representative or attorney;
- 3. Shall be signed by director or designee, resident, or the resident's representative;
- 4. Shall conform to all federal, state and local laws.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.G.5. The residency agreement shall provide a process for involuntary termination of the residency agreement that includes at a minimum:

- a. Written notice of any adverse action for violation(s) of the terms of the residency agreement that includes the following:
- i. Notice shall allow the resident a minimum of 30 calendar days from date of delivery of written notice to vacate the ARCP premises; however, the advance notice period may be shortened to 15 calendar days for nonpayment of a bill for a stay at the ARCP; and
- ii. The notice shall allow a minimum of 10 calendar days for corrective action.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6833.G.6. – The residency agreement shall include provisions for the opportunity for a formal appeal to the DAL for any involuntary termination of the residency agreement in accordance with §6837.B.2-4, including but not limited to, contact information for the DAL.

a. A request for appeal shall be made within 30 calendar days of receipt of the written notice and the hearing shall be conducted by the DAL in accordance with the Administrative Procedure Act.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6835. Person-Centered Service Plan (PCSP)

A. An assessment is initiated upon entry and completed within seven calendar days;

B. Within 30 calendar days after the date the resident moves in, the ARCP designated staff and the resident or resident's representative, if applicable, shall develop the PCSP.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6835.B. The PCSP shall include:

- 1. The services required to meet the resident's individual needs;
- 2. The scope, frequency, and duration of services;
- 3. Monitoring that will be provided; and
- 4. Who is responsible for providing the services, including contract or arranged services.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements
PCSP cont..

§6835.D. A documented review of the PCSP shall be made a least every 90 calendar days and on an ongoing basis.

§6835.E. All plans, reviews and updates shall be signed by the resident or the resident's representative, if applicable, and the ARCP staff. If the PCSP includes staff administration of medication or intermittent nursing services, a registered nurse shall also sign the plans, reviews and updates.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

- §6837. Termination of Residency Agreement
- A. Voluntary Termination of Residency Agreement
- 1. The residency agreement shall specify:
- a. The number of days and the process for notice required for voluntary termination of the residency agreement;
- b. The circumstances under which prepaid service charges and deposits are not refundable to the individual.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.B. Involuntary Termination of Residency Agreements

- 1. The resident shall be allowed to continue residency in the ARCP unless one of the following occurs:
- a. Mental or physical condition deteriorates to a level requiring services that cannot be provided;
- b. Mental or physical condition deteriorates to a level requiring services that exceed those agreed upon in the residency agreement and PCSP;

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.B. cont...

- c. The safety of other residents or staff in the ARCP is endangered;
- d. The health of other residents or staff in the ARCP would otherwise be endangered;
- e. The resident or resident's representative has failed to pay after timely notice in accordance with the residency agreement; or
- f. The ARCP ceases to operate.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.B.2. Involuntary Termination Process

- a. The resident, the resident's representative, if applicable, and the state and local long-term care ombudsman shall be notified in writing of the intent to terminate the residency agreement.
- b. The notice shall be written in a language and in a manner that the resident and the resident's representative, if applicable, understand.
- c. The notice shall be give no less than 30 days in advance of the termination; the notice period may be shortened to 15 days for nonpayment.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

Involuntary Termination Process cont...

§6837.B.2.d. The written notice shall contain:

- i. The reason for the involuntary termination of the residency agreement;
- ii. The right to formally appeal the involuntary termination of the residency agreement to the DAL; and
- iii. Contact information for the state and local longterm care ombudsman and for the DAL.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

Involuntary Termination Process cont...

§6837.B.3. The resident and/or the resident's representative, if applicable, shall have the right to dispute any involuntary termination of the residency agreement in accordance with §6833.G.5-6.

§6837.B.4. The involuntary termination of the residency agreement shall be suspended until a final determination is made by the DAL.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.B.5. If the voluntary termination of the residency agreement is upheld, the ARCP shall provide assistance in locating an appropriate residence and services.

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.C. Termination of Residency Agreement

Emergencies:

If an emergency arises whereby the resident presents a direct threat of serious harm, serious injury or death to the resident, another resident, or staff, the ARCP shall immediately contact appropriate authorities to determine an appropriate course of action. (EMS, etc..)

Subchapter C. Residency Criteria, Person-Centered Service Plans, and Residency Agreements

§6837.C.1. The resident's removal from the premises in response to an emergency does not constitute termination of the residency agreement. Required notice for termination shall be provided if the ARCP wishes to terminate the residency agreement.

§6837.C.2. The ARCP shall document the nature of the emergency and the ARCP's response to it.

§6837.C.3. The ARCP shall notify the resident's representative of all emergencies immediately after notification of the appropriate authorities.

Subchapter D. Adult Residential Care Provider Services §6839. General Provisions

- A. The services provided by the ARCP are dependent in part upon the level for which they are licensed.
- B. An ARCP shall ensure that services meet a resident's personal and health care needs as identified in the resident's PCSP, meet scheduled and unscheduled care needs, and make emergency assistance available 24 hours a day.
- C. Number of Residents. The maximum number of residents that an ARCP shall serve will be based upon the level and plan as approved by the OSFM and/or the department's Health Standards Section.

Subchapter D. Adult Residential Care Provider Services §6841. Required and Optional Services

- A. Required services:
- 1. assistance with activities of daily living and instrumental activities of daily living;
- 2. meals;
- 3. basic personal laundry services or laundry facilities;
- 4. opportunities for individual and group socialization including regular access to the community resources;
- 5. transportation either provided or arranged by the ARCP;
- 6. housekeeping services essential for health and comfort of the resident (e.g., floor cleaning, dusting, changing of linens); and
- 7. a recreational program.

- Subchapter D. Adult Residential Care Provider Services §6841. Required and Optional Services
- B. Optional Services
- 1. All Levels of ARCPs may provide the services listed below. If these optional services are provided, they must be provided in accordance with the PCSP:
- a. medication administration;
- b. financial management; and
- c. specialized dementia care programs.

Subchapter D. Adult Residential Care Provider Services §6843. Medication Administration (Optional Service) A. The ARCP shall have written policies and procedures on medication administration including selfadministration, assistance with self-administration, gratuitous administration or third-party administration, and staff administration of medications. There shall also be policies regarding obtaining and refilling medications, storing and controlling medications, disposing of medications, and documentation of medication administration.

Subchapter D. Adult Residential Care Provider Services

§6843 Medication Administration

B. The ARCP shall record in the resident's PCSP (Person-Centered Service Plan) whether the resident can self-administer medication, needs assistance with self-administration, has gratuitous administration, or third-party administration or requires staff administration of medication.

Subchapter D. Adult Residential Care Provider Services §6843 Medication Administration

- C. Levels of Administration:
- 1. Self-Administration
- 2. Assistance with Self-Administration
- 3. Staff Administration of Medication

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication a. The ARCP shall administer medications to ARCP residents in accordance with their PCSP. Staff administration of medications may be provided by all levels of ARCPs.

b. Medications shall be administered only by an individual who is currently licensed to practice medicine or osteopathy by the appropriate licensing agency for the state, or by an individual who is currently licensed as an RN or LPN by the appropriate state agency.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication

c. In Level 4 ARCPs only, staff administration of medication may include intravenous therapy. Intravenous therapy is permitted on a time limited basis and must be under the supervision of a licensed RN, physician, or advanced practice nurse.

d. The ARCP shall require pharmacists to perform a monthly review of all ordered medication regimens for possible adverse drug interactions and to advise the ARCP and the prescribing health care provider when adverse drug interactions are detected. The ARCP shall notify the prescribing health care provider of the pharmacist's review related to possible adverse drug interactions, and shall have documentation of this review and notification in the resident's record.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 — Staff Administration of Medication e. Medication Orders and Records

i. Medications, including over-the-counter medications, may be administered to a resident of an ARCP only after the medications have been prescribed specifically for the resident by an individual currently licensed to prescribe medications. All orders for medications shall be documented, signed and dated by the resident's licensed practitioner.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication e. Medication Orders and Records

ii. Only an authorized licensed medical professional shall accept telephone orders for medications from a physician or other authorized practitioner. All telephone orders shall be documented in the resident's record. The telephone order shall be signed by the prescriber within 14 days of the issuance of the order.

Subchapter D. Adult Residential Care Provider Services

§6843.C.3 – Staff Administration of Medication

e. Medication Orders and Records

iii. The ARCP is responsible for:

- (a). complying with the physician orders, associated with medication administration;
 - (b). clarifying orders as necessary;
- (c). notifying the physician of resident refusal of the medication or treatment; and
- (d). notifying the physician of any adverse reactions to medications or treatments;

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication e. Medication Orders and Records

iv. All medications administered by staff to residents in an ARCP, including over the counter medications, shall be recorded on a medication administration record at the same time or immediately after the medications are administered.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication e. Medication Orders and Records

v. The medication administration record shall include at least the following:

(a). the name of the resident to whom the medication was administered;

(b). the name of the medication administered (generic, brand or both);

(c). the dosage of the medication administered;

(d). the method of administration, including

route;

Subchapter D. Adult Residential Care Provider Services §6843.C.3.e. cont..

- v. The medication administration record shall include at least the following:
- (e). the site of injection or application, if the medication was injected or applied;
- (f). the date and time of the medication administration;
 - (g). any adverse reaction to the medication; and
- (h). the printed name and written or electronic signature of the individual administering the medication.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication e. Medication Orders and Records

vi. Medication administration records and written physician orders for all over-the-counter medications, legend drugs and controlled substances shall be retained for period of not less than five years. They shall be available for inspection and copying on demand by the state regulatory agency.

vii. The most current edition of drug reference materials shall be available.

Subchapter D. Adult Residential Care Provider Services §6843.C.3 – Staff Administration of Medication

- e. Medication Orders and Records
- viii. All medication regimes and administration charting shall be reviewed by a licensed RN at least monthly to:
 - (a). determine the appropriateness of the medication regime;
 - (b). evaluate contraindications;
 - (c). evaluate the need for lab monitoring;
- (d). make referrals to the primary care physician for needed monitoring tests;
 - (e). report the efficacy of the medications prescribed; and
- (f). determine if medications are properly being administered in the ARCP.

Subchapter D. Adult Residential Care Provider Services §6843.C.4 Contracted Third Party Administration

- a. The ARCP or the resident or the resident's representative, if applicable, may contract with an individual or agency to administer resident's prescribed medications. The ARCP shall ensure that medications shall be administered by an individual who is currently professionally licensed in Louisiana to administer medications.
- b. A copy of such third party contract shall be verifiable in writing and retained in resident's record. The ARCP retains responsibility for notifying the resident or resident's legal representative, if applicable, if services are not delivered or if the resident's conditions changes.

Subchapter D. Adult Residential Care Provider Services §6843.D.1-8 Storage of Medications

- An ARCP shall not stock or dispense resident medications.
 Medications under control of ARCP shall be packaged as dispensed by pharmacy;
- Medications shall be only accessible to authorized personnel and kept locked;
- Medications under control of ARCP are stored according to manufacturer's guidelines;
- Controlled substances under control of ARCP shall be double locked. System in place to account for controlled substances;
- All other medications stored under single lock system.

Subchapter D. Adult Residential Care Provider Services §6843.E.1-5 Labeling of Medications

- Medications are labeled in accordance with Board of Pharmacy and local, state, and federal laws;
- Medication labels shall contain appropriate cautionary labels (shake well, take with food, etc.)
- Medications under control of ARCP must have manufacturer's label with expiration date;
- Medications labeled for single use may not be used for more than one resident;
- Any medication container with an unreadable label shall be returned to pharmacy for relabeling.

Subchapter D. Adult Residential Care Provider Services §6843.F.1-4 Disposal of Medications

- All medications disposed of by the ARCP shall be subject to all local, state and federal laws;
- Expired medications shall be destroyed no later than 30 days from their expiration/discontinuation date;
- Medications awaiting disposition must be stored in a locked storage area;
- Medications of residents who no longer reside in the ARCP shall be returned to the resident or the resident's representative, if applicable;
- When medication is destroyed by the ARCP, a record shall be made and filed at the ARCP;
- The medication must be destroyed by a licensed pharmacist, RN or physician.

Subchapter D. Adult Residential Care Provider Services §6849.A.1-2 Meals Provided by the ARCP

- A. For meals that are prepared and/or served by the ARCP, the ARCP shall offer to residents who choose to participate, a minimum of three varied, palatable meals per day, seven days a week;
- 1. Foods shall be prepared and served in a way that assures that they are appetizing, attractive, and nutritious and that promotes socialization among the residents.
- 2. The ARCP is permitted to offer liberalized diets. The nutritionist or licensed dietician may recommend to the physician to temporarily abate dietary restrictions and liberalize the diet to improve the resident's food intake. .

Subchapter D. Adult Residential Care Provider Services

- B. The ARCP shall make reasonable accommodations, as stated in the residents' PCSP to:
- 1. meet dietary requirements, including following medically prescribed diets; however, nothing herein shall be construed to prohibit the ARCP from offering liberalized diets as recommended by the nutritionist or licensed dietician;
- 2. meet religious and ethnic preferences;
- 3. meet the temporary need for meals delivered to the resident's living area;
- 4. meet residents' personal routines and preferences; and
- 5. ensure snacks, fruits and beverages are available to residents at all times.

Subchapter D. Adult Residential Care Provider Services §6849.C-D. Meals Provided by the ARCP

- Staff shall be available in the dining area to assist with meal service, meal set up and to give individual attention as needed.
- If a licensed dietitian is not employed full-time, the ARCP shall designate a full-time person to serve as the dietary manager.
- The dietary manager who oversees food preparation may also fulfill other staff roles in the ARCP.
- The dietary manager shall have Servsafe® certification.

Subchapter D. Adult Residential Care Provider Services §6851. Specialized Dementia Care Programs

- A. Scope and Purpose. The ARCP may establish a separate and distinct program to meet the needs of residents with Alzheimer's disease or a related disorder. The ARCP shall provide a program of individualized care based upon an assessment of the cognitive and functional abilities of residents who have been included in the program.
- B. Any ARCP that offers such a program shall disclose this program to the department upon establishing the program or upon its discontinuance.

Subchapter D. Adult Residential Care Provider Services

- §6851. Specialized Dementia Care Programs
- C. Policies and Procedures
- 1. An ARCP that advertises, promotes or markets itself as offering a specialized dementia care program shall have written policies and procedures for the program that are retained by the administrative staff and available to all staff, to members of the public, and to residents, including those participating in the program.
- 2. 2. The ARCP shall have established criteria for inclusion in the specialized dementia care program.

- Subchapter D. Adult Residential Care Provider Services §6851. Specialized Dementia Care Programs
- C. Policies and Procedures
- 3. Guidelines for inclusion shall be provided to the resident, his/her family, and his/her legal representative.
- 4. Door locking arrangements to create secured areas may be permitted where the clinical needs of the residents require specialized protective measures for their safety, provided that such locking arrangements are approved by the OSFM and satisfy the requirements established by the OSFM and in accordance with R.S. 40:1300.121, et seq.

- Subchapter D. Adult Residential Care Provider Services §6851.C.4.a-f. Specialized Dementia Care Programs a. If the services are provided in a secured area where special door locking arrangements are used, the ARCP shall comply with the requirements established for Limited Health Care occupancies in accordance with the laws, rules and codes adopted by the OSFM.
- b. The secured areas shall be designed and staffed to provide the care and services necessary for the resident's needs to be met.

- Subchapter D. Adult Residential Care Provider Services §6851.C.4.a-f. Specialized Dementia Care Programs
- c. There shall be sufficient staff to respond to emergency situations in the locked unit at all times.
- d. PCSPs shall address the reasons for the resident being in the unit and how the ARCP is meeting the resident's needs.
- e. There must be documentation in the resident's record to indicate the unit is the least restrictive environment possible, and placement in the unit is needed to facilitate meeting the resident's needs.
- f. Inclusion in a program on the unit must be in compliance with R.S. 40:1299.53.

Subchapter D. Adult Residential Care Provider Services §6851. Specialized Dementia Care Programs D. Staff Training. Training in the specialized care of residents who are diagnosed by a physician as having Alzheimer's disease, or a related disorder, shall be provided to all persons employed by the ARCP in accordance with the provisions established in §6867 of this Chapter.

Subchapter D. Adult Residential Care Provider Services §6851. Specialized Dementia Care Programs

- E. Disclosure of Services. An ARCP that advertises or markets itself as offering a specialized dementia care program shall provide in writing the following to any member of the public seeking information about the program:
- 1. the form of care or treatment provided that distinguishes it as being especially applicable to or suitable for such persons;
- 2. the philosophy and mission reflecting the needs of residents living with dementia;

Subchapter D. Adult Residential Care Provider Services E. Disclosure of Services cont..

- 3. the criteria for inclusion in the program and for discontinuance of participation should that become appropriate;
- 4. the assessment, care planning and the processes for ensuring the care plan's responsiveness to the changes in the resident's condition;
- 5. the staffing patterns, training and continuing education;
- 6. the physical environment and design features appropriate to support the functioning of residents living with dementia;

Subchapter D. - Adult Residential Care Provider Services E. Disclosure of Services cont..

- 7. the involvement of families and the availability of family support programs;
- 8. the activities that are specifically directed toward residents diagnosed with Alzheimer's or a related disorder including, but not limited to, those designed to maintain the resident's dignity and personal identity, enhance socialization and success, and accommodate the cognitive and functional ability of the resident;
- 9. the frequency of the activities that will be provided to such residents;

Subchapter D. - Adult Residential Care Provider Services

E. Disclosure of Services cont..

- 10. the safety policies and procedures and any security monitoring system that is specific to residents diagnosed with Alzheimer's or a related disorder including, but not limited to safety and supervision within the secured unit and within the secured exterior area; and
 - 11. the program fees.

§6851. Specialized Dementia Care Programs
F. An ARCP that advertises or markets itself as having a specialized dementia care program shall provide a secured exterior area for residents to enjoy the outdoors in a safe and secure manner.

Subchapter E. Resident Protection §6855. Resident Rights

A. ARCPs shall have a written policy on resident rights and shall post and distribute a copy of those rights. In addition to the basic civil and legal rights enjoyed by other adults, residents shall have the rights listed below. ARCP policies and procedures must be in compliance with these rights. Residents shall:

Subchapter E. Resident Protection

§6855. Resident Rights

- 1. be encouraged in the exercise of their civil or legal rights, benefits or privileges guaranteed by the Constitution of the United States and the Constitution of the State of Louisiana including the right to be free of discrimination or segregation based upon race, sex, handicap, religion, creed, national background or ancestry with respect to residency;
- 2. be treated as individuals in a manner that supports their dignity;
- 3. be assured choice and privacy and the opportunity to act autonomously, take risks to enhance independence and share responsibility for decisions;

- 4. participate and have family participate, if desired, in the planning of activities and services;
- 5. receive care and services that are adequate, appropriate, and in compliance with contractual terms of residency, relevant federal and state laws, rules and regulations and shall include the right to refuse such care and services;
- 6. receive upon moving in, and during his or her stay, a written statement of the services provided by the ARCP and the charges for these services;

- 7. be free from mental, emotional, and physical abuse and neglect, from chemical or physical restraints, and from financial exploitation and misappropriation of property;
- 8. have records and other information about the resident kept confidential and released only with the written consent of the resident or resident's representative or as required by law;
- 9. expect and receive a prompt response regarding requests (service, information, etc.) from the director and/or staff;

- 10. have the choice to contract with a third-party provider for ancillary services for medically related care (e.g., physician, pharmacist, therapy, podiatry, hospice,) and other services necessary as long as the resident remains in compliance with the contractual terms of residency;
- 11. be free to receive visitors of their choice without restriction except where the residents share bedrooms or apartments:
- a. Where residents do share bedrooms or apartments, reasonable restrictions that provide for the health, safety, and privacy of other residents shall be allowed.

- 12. manage their personal funds unless this authority has been delegated to the ARCP or to a third party by the resident, the resident's legal representative, or an agency that has the authority to grant representative payee status or fiscal management authority to a third party;
- 13. be notified, along with their representative in writing by the ARCP when the ARCP's license status is modified, suspended, revoked or denied renewal and to be informed of the basis of the action;
- 14. have choices about participation in community activities and in preferred activities, whether they are part of the formal activities program or self-directed;
- 15. share a room with a spouse or other consenting adult if they so choose;

Subchapter E. Resident Protection §6855. Resident Rights cont..

- 16. voice grievances and suggest changes in policies and services to staff, advocates or outside representatives without fear of restraint, interference, coercion, discrimination, or reprisal and the ARCP shall make prompt efforts to address grievances including with respect to the behavior of other residents;
- 17. remain in their personal living area unless a change in the area is related to resident preference or to conditions stipulated in their contract, or necessitated by situations or incidents that create hazardous conditions in the living area;
- 18. live in a physical environment which ensures their physical and emotional security and well-being;

Subchapter E. Resident Protection

§6855. Resident Rights cont...

- 19. bring service animals into the ARCP;
- 20. bring pets into the ARCP if allowed by the ARCP and kept in accordance with the policies of the ARCP;
 - 21. contact their advocates as provided by law;
- 22. be fully informed of all residents' rights and all rules governing resident conduct and responsibilities;

Subchapter E. Resident Protection §6855. Resident Rights cont..

23. be informed of how to lodge a complaint with the Health Standards Section, the Office of Civil Rights, the Americans with Disabilities Act, the Office of the State Ombudsman, and the Advocacy Center. Contact information including telephone numbers and addresses for these entities shall be posted in a prominent location which is easily accessible to residents; and

Subchapter E. Resident Protection §6855. Resident Rights cont..

24. have the right to privacy in his/her apartment or room(s), including the right to have:

a. a closed apartment or room

door(s); and

b. the ARCP personnel knock before entering the apartment or room(s) and not enter without the resident's consent, except in case of an emergency or unless medically contraindicated.

Subchapter E. Resident Protection §6855. Resident Rights

- C. Each resident shall be fully informed of their rights and responsibilities, as evidenced by written acknowledgment, prior to or at the time of occupancy and when changes occur. Each resident's file shall contain a copy of the written acknowledgment, which shall be signed and dated by the director and the resident and/or the resident's representative, if applicable.
- D. The ARCP shall prominently post the grievance procedure, resident's rights, and abuse and neglect procedures in an area accessible to all residents.

Subchapter E. Resident Protection

§6857. Restraints

A. ARCPs are prohibited from the use of physical and chemical restraints. The ARCP shall establish and maintain a restraint free environment by developing individual approaches to the care of the resident as determined by resident assessments and PCSPs.

Subchapter E. Resident Protection

§6859. Resident Representation and Grievance Procedures

A. Resident Association

- 1. The provider shall have a formal process and structure by which residents, in representative groups and/or as a whole, are given the opportunity to advise the director regarding resident services and life at the ARCP.
- a. Any resident association requests, concerns or suggestions presented through this process shall be addressed by the director within a reasonable time frame, as necessitated by the concern, request or suggestion.
- 2. Staff may attend the residency association meetings only upon invitation made by the residents of the ARCP.

Subchapter E. Resident Protection

§6859. Resident Representation and Grievance Procedures

- B. Grievance Procedure. A provider shall establish and have written grievance procedures to include, but not limited to:
 - 1. a formal process to present grievances;
 - 2. a formal appeals process for grievances;
- 3. a process to respond to residents and resident association requests and written grievances within seven days; and
- 4. the maintenance of a log to record grievances, investigation and disposition of grievances.

Subchapter E. Resident Protection

- A. Personal Possessions. The ARCP may, at its discretion, offer safekeeping of valuable possessions. The ARCP shall have a written statement of its policy regarding the safekeeping of valuable possessions.
- 1. If the ARCP offers such a service, a copy of the written policy and procedures shall be given to a resident at the time of his/her occupancy.
- 2. The ARCP shall give the resident a receipt listing each item that the ARCP is holding in trust for the resident. A copy of the receipt shall be placed in the resident's record. The list shall be revised as items are added or removed.

Subchapter E. Resident Protection

§6861. Resident Personal Property and Funds

B. Resident Funds

- 1. An ARCP may offer to safe keep residents' readily accessible personal funds up to \$200 and/or assist with management of funds in excess of \$200. The ARCP shall ensure that the resident's funds are readily available upon resident's request.
- 2. The residency agreement shall include the resident's rights regarding access to the funds, limits on incremental withdrawals, and the charges for the service, if any.
- 3. The ARCP shall provide a surety bond or otherwise provide assurance satisfactory to the secretary to assure the security of all personal funds entrusted to the ARCP.

Subchapter E. Resident Protection

- B. Resident Funds
- 4. If an ARCP offers the service of safekeeping readily accessible personal funds up to \$200, and if a resident wishes to entrust funds, the ARCP shall:
- a. obtain written authorization from the resident and/or the resident's representative, if applicable, as to safekeeping of funds;
- b. provide each resident with a receipt listing the amount of money the ARCP is holding in trust for the resident;
- c. maintain a current balance sheet containing all financial transactions to include the signatures of staff and the resident for each transaction; and
- d. afford the resident the right to examine the account during routine business hours.

Subchapter E. Resident Protection

- B. Resident Funds
- 5. If an ARCP offers the service of assisting with management of funds in excess of \$200, the following shall apply.
- a. The ARCP shall obtain written authorization to manage the resident's funds from the resident and the representative if applicable.
- b. The resident shall have access through quarterly statements and, upon request, financial records.
- c. The ARCP shall keep funds received from the resident for management in an individual account in the name of the resident.
- d. Unless otherwise provided by state law, upon the death of a resident, the ARCP shall provide the executor or director of the resident's estate, or the resident's representative, if applicable, with a complete accounting of all the resident's funds and personal property being held by the ARCP. The ARCP shall release the funds and property in accordance with all applicable state laws.

Subchapter E. Resident Protection

- B. Resident Funds
- 6. If ARCP staff is named as representative payee by Social Security or the Railroad Retirement Board or as fiduciary by the US Department of Veterans Affairs, in addition to meeting the requirements of those agencies, the ARCP shall hold, safeguard, manage and account for the personal funds of the resident as follows:
- a. The ARCP shall deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) separate from the ARCP's operating accounts, and that credits all interest earned on the resident's funds to that account. In pooled accounts, there shall be a separate accounting for each resident's share.
- b. The ARCP shall maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest bearing account, or petty cash fund.

Subchapter E. Resident Protection §6861. Resident Personal Property and Funds

B. Resident Funds

c. The ARCP shall establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the ARCP on the resident's behalf.

i. The system shall preclude any comingling of resident funds with ARCP funds or with the funds of any person other than another resident.

ii. The individual financial record shall be available through quarterly statements and on request to resident and/or the resident's representative, if applicable.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- §6863. General Provisions
- §6865. Staffing Requirements
- §6867. Staff Training
- §6869. Record Keeping
- §6871. Incident and Accident Reports

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6863. General Provisions

- A. The ARCP shall have qualified staff sufficient in number to meet the scheduled and unscheduled needs of residents and to respond in emergency situations.
- B. Sufficient direct care staff shall be employed or contracted to ensure provision of personal assistance as required by the resident's PCSP.
- C. Additional staff shall be employed as necessary to perform office work, cooking, house cleaning, laundering, and maintenance of buildings, equipment and grounds.
- D. A staff member trained in the use of cardio pulmonary resuscitation (CPR) and first aid shall be on duty at all times.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6863. General Provisions

- E. Staff shall have sufficient communication and language skills to enable them to perform their duties and interact effectively with residents and staff.
- F. The ARCP shall maintain a current work schedule for all employees showing actual coverage for each 24-hour day.
- G. Criminal history checks and offers of employment shall be completed in accordance with R.S. 40:1300.52.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6865. Staffing Requirements

A. At a minimum the following staff positions are required. For ARCPs Level 2 through 4, one person may occupy more than one position in the ARCP but shall not be in this position on the same shift. In a Level 1 ARCP, one person may occupy more than one staff position on the same shift.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- 1. Director. Each ARCP shall have a qualified director who is responsible for the day-to-day management, supervision, and operation of the ARCP and who shall be on-site no less than 20 hours per week.
- a. During periods of temporary absence of the director, there shall be a responsible staff person designated to be in charge 24 hours per day, seven days per week that has the knowledge and responsibility to handle any situation that may occur.
- b. The director shall be at least 21 years of age and have the responsibility and authority to carry out the policies of the provider.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- c. Director Qualifications
- i. For Levels 1 and 2, the director shall meet one of the following criteria upon date of hire:
- (a). have at least an Associate's Degree from an accredited college plus one year of experience in the fields of health, social services, geriatrics, management or administration; or
- (b). in lieu of an Associate's Degree from an accredited college three years of experience in health, social services, geriatrics, management, administration; or
- (c). a Bachelor's degree in geriatrics, social services, nursing, health care administration or related field.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- c. Director Qualifications
- ii. For Levels 3 and 4, the director shall meet one of the following criteria upon date of hire:
- (a). a Bachelor's degree plus two years of administrative experience in the fields of health, social services, or geriatrics;
- (b). in lieu of a Bachelor's degree, six years of administrative experience in health, social services, or geriatrics;
- (c). a Master's degree in geriatrics, health care administration, or in a human service related field; or
 - (d). be a licensed nursing facility administrator.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6865. Staffing Requirements

c. Director Qualifications

iii. Additionally, for Level 4 ARCPs the director shall have successfully completed an adult residential care/assisted living director certification/training program consisting of, at a minimum, 12 hours of training that has been approved by any one of the following organizations:

- (a). Louisiana Board of Examiners of Nursing Facility Administrators;
 - (b). Louisiana Assisted Living Association (LALA);
 - (c). LeadingAge Gulf States;
 - (d). Louisiana Nursing Home Association (LNHA); or

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- c. Director Qualifications
 - (e). any of the national assisted living associations, including the:
 - (i). National Center for Assisted Living (NCAL);
 - (ii). Assisted Living Federation of America (ALFA); or
 - (iii). LeadingAge.
- iv. Training shall begin within six months and completed within 12 months of being appointed director.
- v. Two years of experience as an assisted living director may be substituted in lieu of the certification requirements.
- vi. Documentation of the director's qualifications shall be maintained on file at the ARCP.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- 2. Designated Recreational/Activity Staff. There shall be an individual designated to organize and oversee the recreational and social programs of the ARCP.
- 3. Direct Care Staff
- a. The ARCP shall demonstrate that sufficient and trained direct care staff is scheduled and on-site to meet the 24-hour scheduled and unscheduled needs of the residents.
- b. The ARCP shall be staffed with direct care staff to properly safeguard the health, safety and welfare of clients.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- 3. Direct Care Staff
- c. The ARCP shall employ direct care staff to ensure the provision of ARCP services as required by the PCSP.
- d. Staff shall not work simultaneously at more than one ARCP on the same shift.
- e. A direct care staff person who is not in the ARCP, but who is scheduled on the shift as on call shall not be included as direct care staff on any shift.
- f. The ARCP shall maintain a current work schedule for all employees indicating adequate coverage for each 24-hour day.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- §6865. Staffing Requirements
- B. Nursing staff
- 1. In ARCPs that offer staff medication administration and Level 4 ARCPs, the ARCP shall provide a sufficient number of RNs and LPNs to provide services to all residents in accordance with each resident's PCSP 24 hours per day.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports §6865. Staffing Requirements

- B. Nursing staff
 - 2. Nursing Director
- a. Level 4 ARCPs shall employ or contract with at least one RN who shall serve as the nursing director and who shall manage the nursing services. The nursing director need not be physically present at all times at the ARCP; however, the nursing director or his or her designee shall be on call and readily accessible to the ARCP 24 hours a day.
- b. The nursing director, in conjunction with the resident's physician, shall be responsible for the preparation, coordination and implementation of the health care services section of the resident's PCSP.
- c. The nursing director shall review and oversee all LPNs and direct care personnel with respect to the performance of health related services.
- d. The nursing director shall be licensed by, and in good standing with, the Louisiana State Board of Nursing, and shall comply with all applicable licensing requirements.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- §6865. Staffing Requirements
- B. Nursing staff
- 3. Licensed Practical Nurses (LPNs). LPNs employed by or contracted with shall be licensed by, and in good standing with, the Louisiana State Board of Practical Nursing, and shall comply with all applicable nursing requirements.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- A. All staff shall receive the necessary and appropriate training to assure competence to perform the duties that are assigned to them.
- 1. All staff shall receive any specialized training required by law or regulation to meet resident's needs.
- 2. The ARCP shall maintain documentation that orientation and annual training has been provided for all current employees.
- 3. Orientation shall be completed within seven days of hire and shall include, in addition to the topics listed in §6867.B, the following topics:
 - a. the ARCP's policies and procedures; and
 - b. general overview of the job specific requirements.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- B. The following training topics shall be covered in orientation and annually thereafter for all staff and ARCP contracted providers having direct contact with residents:
 - 1. residents' rights;
- 2. procedures and requirements concerning the reporting of abuse, neglect, exploitation, misappropriation and critical incidents;
- 3. building safety and procedures to be followed in the event of any emergency situation including instructions in the use of fire-fighting equipment and resident evacuation procedures including safe operation of fire extinguishers and evacuation of residents from the building;
 - 4. basic sanitation and food safety practices;
- 5. requirements for reporting changes in resident's health conditions; and
 - 6. infection control.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

C. Training for Direct Care Staff

- 1. In addition to the topics listed in §6867.A.3 and §6867.B, orientation for direct care staff shall include five days of direct observation of the performance of ADL and IADL assistance. A new employee shall not be assigned to carry out a resident's PCSP until competency has been demonstrated and documented.
- 2. In addition to the required dementia training in §6867.F, direct care staff shall receive 12 hours of annual training which shall be recorded and maintained in the employee personnel file.
- 3. Annual training shall address the special needs of individual residents and address areas of weakness as determined by the direct care staff performance reviews.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- 4. All direct care staff shall receive certification in cardiac pulmonary resuscitation and adult first aid within the first 90 days of employment. The ARCP shall maintain the documentation of current certification in the staff's personnel file.
- 5. Orientation and five days of supervised training may qualify as the first year's annual training requirements. However, normal supervision shall not be considered to meet this requirement on an annual basis.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- D. Continuing Education for Directors. All directors shall obtain 12 continuing education units per year. Topics shall include, but shall not be limited to:
 - 1. person-centered care;
 - 2. specialty training in the population served;
 - 3. supervisory/ management techniques; and/or
 - 4. geriatrics.

E. Third-Party Providers. A general orientation and review of ARCP policies and procedures is required to be provided to third-party providers entering the building to serve residents.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

F. Dementia Training

- 1. All employees shall be trained in the care of persons diagnosed with dementia and dementia-related practices that include or that are informed by evidence-based care practices. New employees must receive such training within 90 days from the date of hire.
- 2. All employees who provide care to residents in a Specialized Dementia Care Program shall meet the following training requirements.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- F. Dementia Training
- a. Employees who provide direct face-to-face care to residents shall be required to obtain at least eight hours of dementia-specific training within 90 days of employment and eight hours of dementia-specific training annually. The training shall include the following topics:
- i. an overview of Alzheimer's disease and other forms of dementia;
 - ii. communicating with persons with dementia;
 - iii. behavior management;
 - iv. promoting independence in activities of daily living; and
 - v. understanding and dealing with family issues.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

F. Dementia Training

- b. Employees who have regular contact with residents, but who do not provide direct face-to-face care, shall be required to obtain at least four hours of dementia-specific training within 90 days of employment and two hours of dementia training annually. This training shall include the following topics:
 - i. an overview of dementias; and
 - ii. communicating with persons with dementia.
- c. Employees who have only incidental contact with residents shall receive general written information provided by the ARCP on interacting with residents with dementia.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6867. Staff Training

- F. Dementia Training
- 3. Employees who do not provide care to residents in a special dementia care program shall meet the following training requirements.
- a. Employees who provide direct face-to-face care to residents shall be required to obtain at least two hours of dementia-specific training annually. This training shall include the following topics:
 - i. an overview of Alzheimer's disease and related dementias; and
 - ii. communicating with persons with dementia.
- b. All other employees shall receive general written information provided by the ARCP on interacting with residents with dementia.
- 4. Any dementia-specific training received in a nursing or nursing assistant program approved by the department or its designee may be used to fulfill the training hours required pursuant to this Section.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6871. Incident and Accident Reports

A. An ARCP shall have written procedures for the reporting and documentation of accidents, incidents and other situations or circumstances affecting the health, safety or well-being of a resident or residents. The procedures shall include:

- 1. a provision that the director or his/her designee shall be immediately verbally notified of accidents, incidents and other situations or circumstances affecting the health, safety or well-being of a resident or residents; and
- 2. a provision that staff shall be trained on the reporting requirements.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports §6871. Incident and Accident Reports

- B. An ARCP shall report to HSS any incidents suspected of involving:
 - 1. abuse;
 - 2. neglect;
- 3. misappropriation of personal property regardless of monetary value; or
- 4. injuries of unknown origin. Injuries of unknown origin are defined as:
- a. the source of the injury was not observed by any person or the source of the injury could not be explained by the resident; or
- b. the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma)

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

- §6871. Incident and Accident Reports
- C. The initial report of the incident or accident is due within 24 hours of occurrence or discovery of the incident.
- D. After submission of the initial 24-hour report, a final report shall be submitted within five business days regardless of the outcome.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6871. Incident and Accident Reports

- E. Report Contents. The information contained in the incident report shall include, but is not limited to the following:
 - 1. circumstances under which the incident occurred;
 - 2. date and time the incident occurred;
- 3. where the incident occurred (bathroom, apartment, room, street, lawn, etc.);
 - 4. immediate treatment and follow-up care;
 - 5. name and address of witnesses;
 - 6. date and time family or representative was notified;
 - 7. symptoms of pain and injury discussed with the physician;
- 8. signatures of the director, or designee, and the staff person completing the report.

Subchapter F. Requirements Related to Staff, Record-Keeping and Incident Reports

§6871. Incident and Accident Reports

- F. When an incident results in death of a resident, involves abuse or neglect of a resident, or entails any serious threat to the resident's health, safety or well-being, an ARCP director or designee shall:
- 1. immediately report verbally to the director and submit a preliminary written report within 24 hours of the incident to the department;
- 2. notify HSS and any other appropriate authorities, according to state law and submit a written notification to the above agencies within 24 hours of the suspected incident;
- 3. immediately notify the family or the resident's representative and submit a written notification within 24 hours;
- 4. immediately notify the appropriate law enforcement authority in accordance with state law;

§6871. Incident and Accident Reports F. cont..

- 5. take appropriate corrective action to prevent future incidents and provide follow-up written report to all the above persons and agencies as per reporting requirements; and
- 6. document its compliance with all of the above procedures for each incident and keep such documentation (including any written reports or notifications) in the resident's file. A separate copy of all such documentation shall be kept in the provider's administrative file.

Subchapter H. Physical Environment §6885. General Requirements and Authority A. The standards in this Subchapter shall apply to any ARCP constructed after the effective date of this rule, alterations, additions or substantial rehabilitation to an existing ARCP, or adaptation of an existing building to create an ARCP. Cosmetic changes to the ARCP such as painting, flooring replacement or minor repairs shall not be considered an alteration or substantial rehabilitation.

Subchapter H. Physical Environment §6885. General Requirements and Authority

D. Life Safety Code Occupancy Requirements. Any ARCP that provides services to four or more residents who are not capable of taking action for self-preservation under emergency conditions without the assistance of others shall meet the construction requirements established for Limited Care Health Care occupancies and codes adopted by the OSFM. All Level 4 ARCPs shall meet Limited Care Health Care occupancies and codes adopted by the OSFM.

Subchapter H. Physical Environment §6887. Physical Appearance and Conditions

C. ARCPs shall have an entry and exit drive to and from the main building entrance that will allow for picking up and dropping off residents and for mail deliveries. ARCPs licensed after the effective date of this Rule shall have a covered area at the entrance to the building to afford residents protection from the weather.

- Subchapter H. Physical Environment §6889. Resident Dining and Common Areas
- C. 1. Common areas separate from dining rooms with a combined square footage of 60 sq. ft. per resident;
- C. 2. 20 sq. ft. of dining space per resident if dining conducted in one seating;
- C.3. 10 sq. ft. of dining space per resident if dining conducted in two seatings.

Subchapter H. Physical Environment §6891. Resident Personal Space

- A. Level 1 ARCP Bedroom Requirements
- 1. A Level 1 ARCP shall ensure that each single occupancy bedroom space has a floor area of at least 100 net square feet and that each multiple occupancy bedroom space has a floor area of at least 70 net square feet for each resident. Bathrooms and closets/wardrobes shall not be included in the calculation of square footage.
- 2. There shall be no more than two residents per bedroom. All shared living arrangements shall be agreed to in writing by both parties.

- Subchapter H. Physical Environment
- §6891. Resident Personal Space
- B. Level 2 ARCP Bedroom Requirements
- 1. A Level 2 ARCP shall ensure that each single occupancy bedroom space has a floor area of at least 100 net square feet and that each multiple occupancy bedroom space has a floor area of at least 70 net square feet for each resident. Bathrooms and closets/wardrobes shall not be included in the calculation of square footage.
- 2. There shall be no more than two residents per bedroom. All shared living arrangements shall be agreed to in writing by both parties.

Subchapter H. Physical Environment §6891. Resident Personal Space

- D. Requirements for Resident Apartments in Levels 3 and 4
- 2. Square Footage in Level 3 and 4 ARCPs
- a. Efficiency/ studio apartments shall have a minimum of 250 net square feet of floor space, excluding bathrooms and closets and/or wardrobes.
- b. Resident apartments with separate bedrooms shall be at minimum 190 square feet in living area excluding bathrooms and 100 square feet for each bedroom excluding closets and/or wardrobes.

Questions?

Thank You

Christopher Vincent, BSN, RN
Program Manager

DHH Health Standards Section
Office # (225) 342-6298
Christopher.Vincent@la.gov